

# Medical Interest Penalties Request

(Type or legibly print information in black ink.)

**Requestor Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Voucher #:** \_\_\_\_\_  
**Warrant Date:** \_\_\_\_\_  
**Payee #:** \_\_\_\_\_

**Payee Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I certify that all entries on this Medical Interest Penalties Request are true, accurate and complete and that I agree to keep and make available such records as are necessary to furnish such information regarding any payments requested as State officials may request. I understand that payment is made from State funds and that any false claims, statements, or documents, or concealment of material facts may be cause for prosecution or other appropriate legal action.

**Contact Signature**

**Date**

	Document Control Number (DCN)	DCN Date	Number of Days Interest Owed <sup>1</sup>	Total Amount Allowed for DCN <sup>2</sup>	Est. Interest Owed <sup>3</sup>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

<sup>1</sup>The difference between the DCN date and issue date of warrant minus 61 days. (Does not include the date of payment.)

<sup>2</sup>Seventh column on the voucher.

<sup>3</sup>Only log claims where the amount of interest owed is \$5 or greater.

Interest penalty = .00033/day

If additional space is needed, continue on supplemental page. Copy supplemental as needed.

Page \_\_\_\_\_

of \_\_\_\_\_

# Medical Interest Penalties Request - Supplemental Page

(Type or legibly print information in black ink.)

Voucher #: \_\_\_\_\_

	Document Control Number (DCN)	DCN Date	Number of Days Interest Owed <sup>1</sup>	Total Amount Allowed for DCN <sup>2</sup>	Est. Interest Owed <sup>3</sup>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

<sup>1</sup>The difference between the DCN date and issue date of warrant minus 61 days. (Does not include the date of payment.)

<sup>2</sup>Seventh column on the voucher.

<sup>3</sup>Only log claims where the amount of interest owed is \$5 or greater.

Interest penalty = .00033/day